

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each UNRECORDED LINE—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

689

State File No. 596
Registered No. 6

1. PLACE OF BIRTH

County Navajo State Arizona
District or Township _____ or Village _____
City Winslow No. 810 Winslow Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mamell Webb
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>1</u> <u>3</u> <u>30</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Wayne Webb
9. Residence
(Usual place of abode) White River
If non-resident, give place and state. Ariz.
10. Color or race
White
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Snowflake
(State or country) Ariz.
13. Occupation
Nature of Industry Carpenter

14. MOTHER
Full maiden name Charlitta Harris
15. Residence
(Usual place of abode) Winslow
If non-resident, give place and state. _____
16. Color or race
White
17. Age at last birthday 19 (Years)
18. Birthplace (city or state) _____
(State or country) Old Mexico
19. Occupation
Nature of Industry housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _____ (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 p m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report _____
Month, day, year _____

Signature Robert M. Thompson
(Physician or midwife.)
Address P.O. 1004 Winslow Ariz.
Filed 1-28- 1930 Eva C. Bazley
Registrar.

462-103-382